

Attorney Docket No. RO0282US (#90568)

## COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

## TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)
( ) original ( ) design
NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do <u>not</u> check any of next two items and check appropriate one of last three items.
(X) national stage of PCT  ( ) supplemental
NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
<ul><li>( ) divisional</li><li>( ) continuation</li><li>( ) continuation-in-part (CIP)</li></ul>
INVENTORSHIP IDENTIFICATION
My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
TITLE OF INVENTION
THERAPEUTIC SYSTEM CONTAINING AN ACTIVE SUBSTANCE FOR THE APPLICATION ON THE SKIN WHICH CONTAINS AT LEAST TWO POLYMEROUS LAYERS
SPECIFICATION IDENTIFICATION
the specification of which: (complete (a), (b), or (c))
(a) ( ) is attached hereto. (b) (X) was filed on as ( ) Serial No. or (X) Express Mail No. EL148508007US on April 24, 2001, as Serial No. not yet known and was amended on (if applicable).

(c) (X) was described and claimed in PCT International Application No. PCT/EP00/07900 filed on August 14, 2000 and as amended under PCT Article 19 on (if any).

## ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. Sec. 1.56(a).

( ) In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

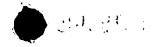
(complete (d) or (e))

- (d) ( ) no such applications have been filed.
- (e) (X) such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

# EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED	
		(month,day,year)	UNDER 37 USC 119	
			( ) YES NO( )	
			( ) YES NO( )	
			( ) YES_NO( )	



# ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

German Appln. 199 40 238.8 filed August 25, 1999 and PCT Appln. PCT/EP00/07900 filed August 14, 1999

### POWER OF ATTORNEY

As a named inventor, I hereby appoint D. Peter Hochberg, Reg. No. <u>24,60</u> 3, Katherine R
Vieyra, Reg. No. 47,155, and William H. Holt, Reg. No. 20,766, to prosecute this application and
transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

D. Peter Hochberg Co., L.P.A. 1940 East 6th Street - 6<sup>TH</sup> Floor Cleveland, Ohio 44114-2294

D. Peter Hochberg (216) 771-3800

#### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### **SIGNATURE(S)**

Full name of sole or first inventor: Achim Berthold

Inventor's signature

13.05.2001	Germany
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Full name of second joint inventor, if any:						
Inven	tor's	sig	nature			
Date			Country of Citizenship			
Resid	lence	e				
Post (	Offic	ce A	ddress			
	(	CHE	CCK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A PART OF THIS DECLARATION			
	(	)	Signature for third and subsequent joint inventors. Number of pages added .			
	(	)	Signature by administrator(trix), executor(trix) or legal representative of deceased or incapacitated inventor. Number of pages added			
	(	)	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added			
			***			
	(	)	divisional, continuation, or continuation-in-part (CIP)			
	(	)	application. Number of pages added			

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

(X) This declaration ends with this page.